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FM AMEMBASSY LUSAKA
TO RUEHC/SECSTATE WASHDC 7221
INFO RUCNSAD/SOUTHERN AF DEVELOPMENT COMMUNITY COLLECTIVE

UNCLAS SECTION 01 OF 02 LUSAKA 000579

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E.O. 12958: N/A

TAGS: [KDEM](#) [PGOV](#) [KCRM](#) [ZA](#) [KWMN](#)

SUBJECT: WJEI PROGRAM: TWO STEPS FORWARD, ONE STEP BACK

¶1. Summary: Zambia's Women's Justice and Empowerment Initiative (WJEI) is a collaborative effort involving USAID, USDOJ, and the Government of Zambia (GRZ) to address gender-based violence (GBV). Initiated in February 2008, the WJEI program in Zambia is approaching the midpoint in its implementation. Despite positive advances, serious obstacles continue as WJEI enters its second implementation phase, ultimately transferring ownership to the GRZ by the 2011 target.

¶2. WJEI began in February 2008 with the award of a USAID contract to CARE International and signature of a MOU with the GRZ. WJEI has three focal areas: education and awareness-raising; providing support to GBV survivors; and law enforcement, prosecution, investigation, and adjudication of GBV cases.

¶3. High prevalence of GBV and inadequate law enforcement made Zambia a prime candidate for the WJEI program. The 2007 Zambia Demographic Health Survey (ZDHS) reported that 20 percent of women aged 15-49 experienced sexual violence and 47 percent encountered physical abuse. Husbands and live-in partners comprised the majority of perpetrators in reported cases. To avoid prosecution, attackers commonly use intimidation or monetary settlements to force women to withdraw GBV charges, compromising access to justice. In contrast, USAID's 2009 baseline survey found that 59 percent of police and 43 percent of judicial officials believed GBV cases were highly prosecuted.

¶4. USAID implements the education, awareness, and survivor support components of WJEI through a contract awarded to CARE International's "A Safer Zambia" (ASAZA) consortium. Partners include Africare, World Vision (WV), Young Women's Christian Association (YWCA), Women in Law in Southern Africa (WLSA), International Justice Mission (IJM), Police Victim Support Unit (VSU), and Child Justice Forum. The USDOJ's Office of Overseas Prosecutorial Development, Assistance, and Training Program (OPDAT) and International Criminal Investigative Training Assistance Program (ICITAP) execute the justice components through police, prosecutorial, and judiciary training and support.

Advancements

¶5. Key accomplishments from the first phase include: --OPDAT trained over 240 police prosecutors in case-building, case presentation techniques, and handling GBV survivors as witnesses. These trained prosecutors are responsible for prosecuting GBV-related crimes.

--OPDAT has combined resources with UNICEF and CARE to enable a higher number of participants to attend training courses and eliminate duplicative efforts. This has proved very successful.

--ICITAP trained 114 police prosecutors, Victim Support Unit (VSU) and criminal investigation officers during its three basic criminal investigations (BCI) courses held in two of Zambia's nine provinces. ICITAP also trained 43 of the same officers in instructor development technical groups. The Zambian trainers will provide ongoing GBV training to fellow police officers. The VSU evolved from the Zambia Police Act

of 1999 to increase law enforcement accountability to marginalized groups and improve community policing.

--ICITAP completed a Manual for the Investigation of GBV for VSU personnel to guide field police officers after training.

--USAID-sponsored media outreach promotes GBV prevention, education, women's rights, and stigma reduction towards GBV survivors. These messages have reached over 2 million people since the media campaign began.

--Community and school-based campaigns educated about 7,000 people on GBV.

--YWCA reactivated its Men's Network, training 57 men as advocates against GBV.

--USAID/CARE educated almost 500 community leaders on supporting legal reform and promoting GBV prevention.

--CARE, WV, and YWCA established seven Coordinated Response Centers (CRCs) in six districts (Lusaka, Kabwe, Mazabuka, Chipata, Ndola, and Livingstone). The eighth CRC is expected to open in the Kitwe district before the end of 2009. CRCs are institutions for GBV victims to centrally access health, legal, and counseling services.

--USAID partners have provided support to 1,700 GBV victims and sheltered 546 GBV survivors.

Limitations

¶6. USAID and USDOJ have identified partner coordination, volunteer retention, and poor facility capacity as major constraints in the WJEI program. The GRZ Ministry of Health (MoH) delay in authorizing its MOU slowed the incorporation of CRCs in prime locations at local hospitals. Additionally, weak incentives and meager stipends account for low volunteer retention. WJEI partners explained that volunteers often use

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skill-sets acquired from training to leverage better paying employment elsewhere, creating high turnover rates. Low volunteer numbers and MoH setbacks account for CRCs providing subpar support to GBV victims. In mid-June, USAID and USDOJ conducted an unannounced visit to assess the Mtendere CRC. The agencies discovered the CRC facility was padlocked closed at midday, during normal operating hours. There was no adequate explanation provided to account for the closed facility. The two agencies also visited a CRC at a Lusaka YWCA during the same time period. This YWCA CRC had only one volunteer working as a paralegal, a VSU officer, and the CRC coordinator to handle GBV victims. In theory, a CRC would have a staff of six--a CRC coordinator, VSU officer, counselor, paralegal, doctor, and a nurse.

¶7. USDOJ has also expressed concern over establishing GRZ project ownership. GRZ's Ministry of Home Affairs (MoHA) and the Police Department's Human Resources Office have expressed unwillingness to provide essential funding for sustaining the WJEI program. Despite WJEI training, police have difficulties performing basic functions like conducting investigations from lack of fundamental supplies (i.e. vehicles, office supplies, and communication devices). USDOJ linked difficulties in encouraging MoHA and Ministry of Justice (MoJ) participation to deeply-rooted systemic problems, specifically excessive internal turnover rates and no office permanently designated to manage WJEI within the ministries.

Way Forward

¶8. USDOJ and USAID have tempered expectations over WJEI's second implementation phase, which will transition WJEI participants from building institutional capacity to strongly emphasizing community and GRZ project ownership. WJEI partners have agreed to focus greater attention on promoting GRZ participation. USAID plans to scale up assessments of CRCs progress, such as hiring 'mystery shoppers' to evaluate their treatment as GBV victims. To formulate useful statistical data, both agencies will push for CRC coordinators and VSU officers to maintain accurate records of GBV victims and follow-up with their cases in the judicial

system. In response to positive feedback from VSU officers, USDOJ will increase its training opportunities to meet demand. USDOJ will also continue to coordinate with other NGOs and donors with similar programs to reduce information overlap and duplication of effort.

¶9. Recently, the press have proactively highlighted GBV occurrences, declaring the practice a violation of human rights. The media also commends NGO and donor programs geared towards establishing support structures for GBV victims. VSU officers, prosecutors, and CRC employees all express gratitude for training and insist GBV training be expanded to supervisory positions for a larger, more sustainable impact.

¶10. Comment: At the working level, Zambians are enthusiastic about receiving GBV training. Once trained, these groups are motivated to expanding GBV awareness within their communities. However, WJEI partners continue to encounter resistance at the institutional level in gathering support, particularly financial, for the program.

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